

OHIO CARES



This initiative is jointly sponsored by the Ohio National Guard, the U.S. Department of Veterans Affairs, the Ohio Departments of Alcohol and Drug Addiction Services and Mental Health, the Ohio Association of County Behavioral Health Authorities and the Ohio Council of Behavioral Healthcare Providers.

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The Vision

A partnership between the Ohio National Guard, the Ohio Departments of Alcohol and Drug Addiction Services and Mental Health, the Ohio Association of County Behavioral Health Authorities and the U.S. Department of Veterans Affairs to provide a behavioral health “safety net” for our service members and their families to augment VA resources.

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“A Call to Action”

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The Key Partners

- Ohio Department of Mental Health
- Ohio Department of Alcohol and Drug Addiction Services
- County Agencies
- Ohio National Guard
- U.S. Department of Veterans Affairs
- Ohio Association of County Behavioral Health Authorities

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The Approach

- Call to Action Memo
 - Signed by agency heads
 - Encourages participation by community providers
- Participation in Reintegration Briefings
 - Inform families about reintegration issues
 - Partnership with National Guard Chaplain
- *Coping with Stress* brochure
 - Encourages returning soldiers to seek help when necessary
 - Provides contact information for multiple agencies

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The Approach, cont'd.

- Clinician Training
 - 2 conferences conducted
 - Over 200 providers trained
 - Continuing education credit for participants

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Meeting the Request from General Wayt



Stress of Combat
Coping with the emotional toll of war

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“No one comes back unchanged”

COL (Dr.) Tom Burke, Department of Defense,
Director of Mental Health Policy



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The Importance of Being Asked

- Planning Group convenes—Fall, 2004
 - The request, developing understanding, the organizational cultures and what each can do and cannot do
- Support from Leadership-e.g., Governor
- 1st Reintegration Briefing—December, 2004
- Psychiatric disorders occur in 17% of returning soldiers
Hoge, NEJM, 2003
- *Per Washington Post* (March 1, 2006), numbers have increased to 35%

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Combat Stress Among Returning OIF/OEF Soldiers

Hoge et.al study of combat duty in Iraq and Afghanistan (2003)

- Anonymous survey of 2530 soldiers and marines prior to their deployment to Iraq
- Anonymous survey of 3671 soldiers and marines 3-4 months after their return from Iraq and Afghanistan
- Major findings:
 - The percentage of study subjects whose responses met the screening criteria for major depression, generalized anxiety or PTSD were significantly higher after duty in Iraq (15.6 to 17.1%) than after duty in Afghanistan (11.2%) or before deployment to Iraq (9.3%).
 - Of those whose responses were positive for mental disorder, only 23 to 40% sought mental health care.
 - Those whose responses were positive for a mental disorder were twice as likely as those whose responses were negative to report concerns about possible stigmatization along with other barriers to care.

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Reserve Component (Reserve & Guard) Challenge – Ohio Units

Ohio Army Reserve Units



Ohio National Guard Units



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Reserve Component (Reserve & Guard)

Challenge – Ohio Units, *cont'd.*

Military Service	Individual Mobilization Augmentees	Grand Total with Units
Air Force	0	10,706
Army	1,697	155,975
Coast Guard	729	729
Marine Corps	1,623	13,050
Navy	60	4,021
Total	4,109	184,481

Ohio=Approximately 6,000 soldiers

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Combat Stress Among Returning OIF/OEF Soldiers

Post Deployment Mental Health: It's not just PTSD

- Major Depression
- Alcohol Abuse
 - Often beginning as an effort to sleep
- Narcotic Addiction
 - Often beginning with pain medication for injuries
- Military Sexual Trauma
- Violence towards self and others
- Job Loss
- Family Dissolution
- Homelessness

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Behavioral Health Services to Provide a Safety Net

- **Participating in Reintegration**
 - Education and Referral for returnees
 - Family Education and Support
- **Understanding and address stigma**
- **Collaborating with Partners**
- **Communicating** via letter (Call to Action), newsletters and brochures (Coping with Stress)
- **Educating clinicians**
 - “Joining Forces”, April 2005
 - OHIO CARES I & II Conferences, June and Nov. 2005

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Organizing Behavioral Health in Ohio: Outreach, Education and Early Intervention

- Community-based behavioral health services not provided by state agencies
 - 57 Local board authorities
 - 500 local provider organizations (CMHC & AOD)
- Private provider organizations (e.g., Tri-Care)
- Building on the Behavioral Health All Hazards Leadership (AHL) initiative
 - AHL initiative originally supported by SAMHSA grant funds
 - HRSA funded through Ohio Department of Health
 - Board coordinates local reintegration presentation and referrals network
- Joining Forces- OHIO CARES a part of AHL

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OHIO CARES Partnership: Joining Forces

- Common vision leads to trust, energy and sharing
- “Call to Action” memo
- *Coping with Stress* brochure
- Communication—education and outreach

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Clinical Services to Meet the Requests

- Welcome home
- Clinical needs
- Addressing the needs of families
- Collaborating with partners
- Dealing with stigma
- Providing education to clinicians (e.g., RAP)

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Implications

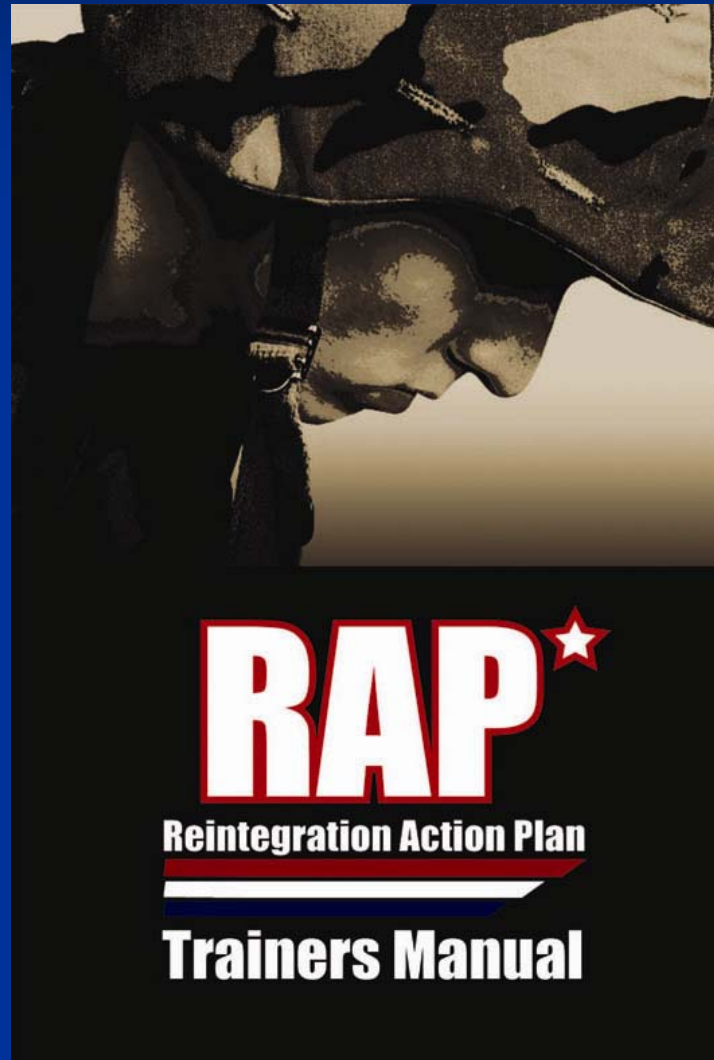
“Mental Health Problems, Use of Mental Health Services and Attrition from Military Services after Returning from Deployment to Iraq or Afghanistan”

- Immediate public health implications:

Efforts to address the problem of stigma and other barriers to seeking behavioral health care in the military should take into consideration outreach, education and changes in the models of health-care delivery, such as increases in the allocation of behavioral health services in primary care clinics and in the provision of confidential counseling by means of employee-assistance program

Journal of the American Medical Association, Hoge, C.W. et al. 2006

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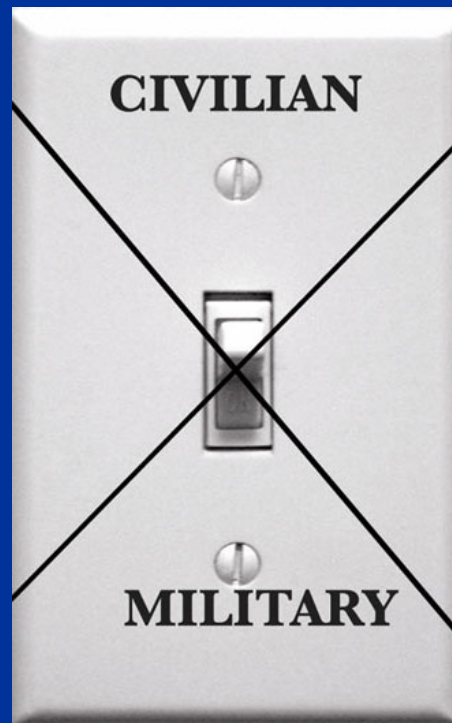
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Public Health vs. Behavioral Health

- Everyone who experiences war will be affected by it
 - There are normal and expected areas of readjustment everyone can experience
 - There is no assumption of illness
 - The use of natural supports for readjustment
- Normal process of adjustment is not enough
 - Symptoms are causing undue distress and need professional intervention
 - Professional help needs to go hand-in-hand with natural environmental support and “buddy support”

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**Returning to civilian life
is not like flipping a switch.**



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It is like dialing down the military
and dialing up the civilian



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RAP Content

- Chapter One: *How You Think*
- Chapter Two: *How You Act*
- Chapter Two: *How You Feel*
- Chapter Four: *Triggers*
- Chapter Five: *Spiritual Concerns*
- Buddy Support

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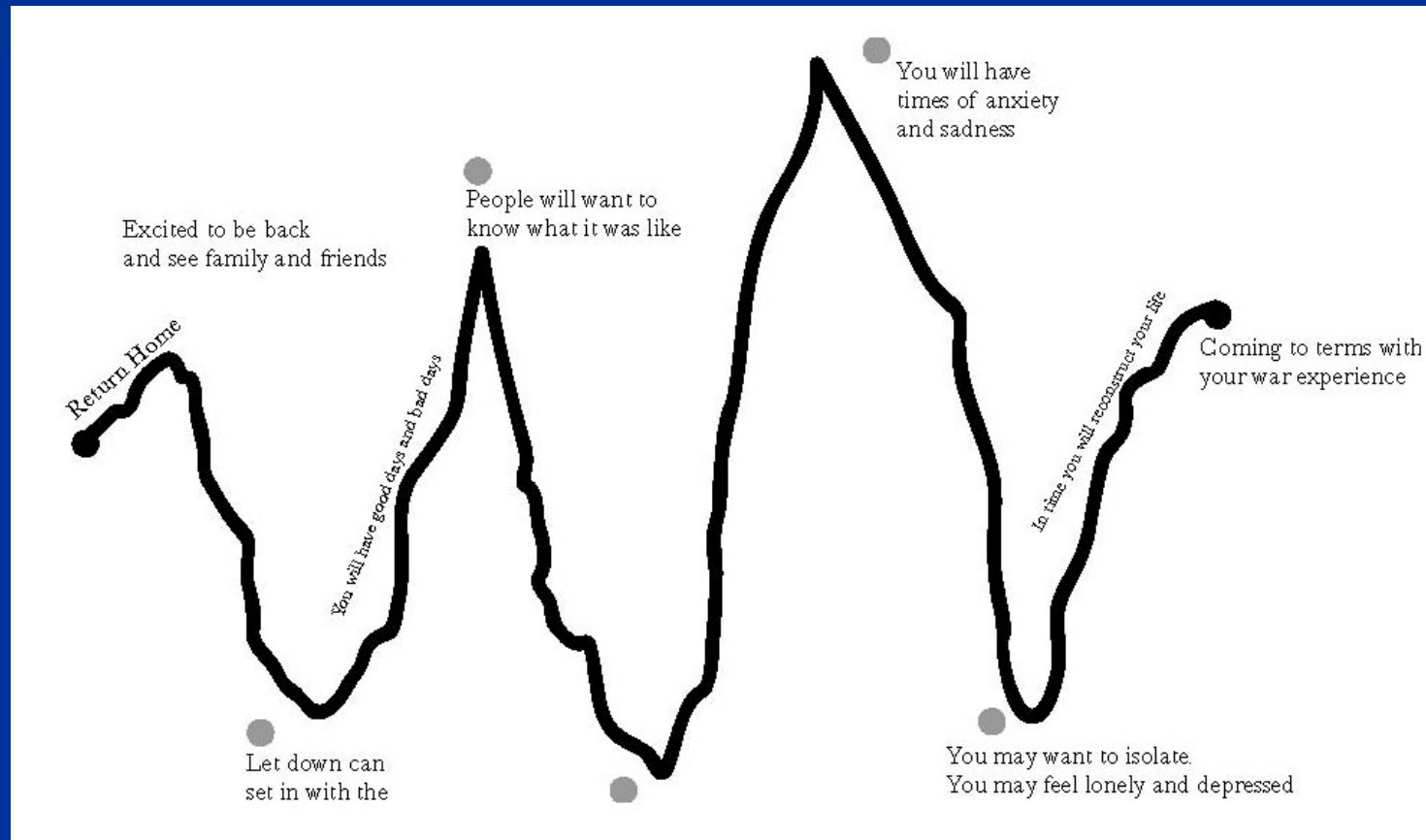
The RAP Workbook



- We don't send troops into combat without training and an Action Plan.
- We shouldn't send troops home without an Action Plan and training for readjusting.

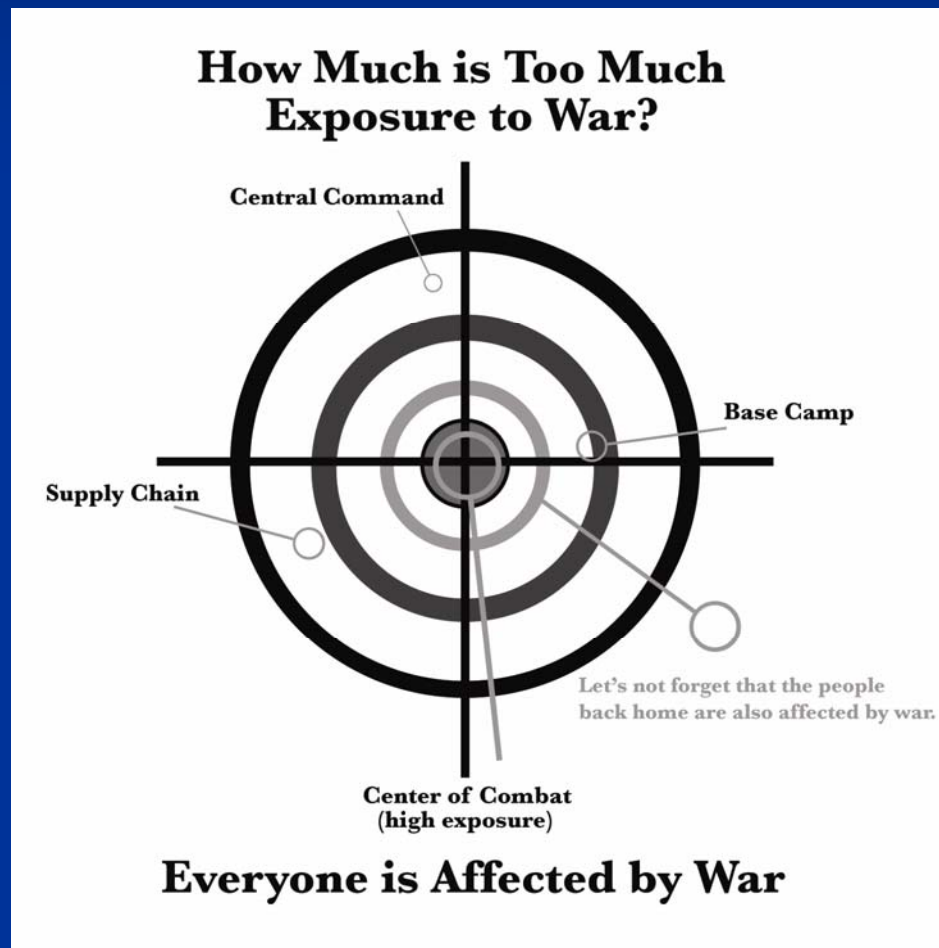
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The re-adjustment process can be
a roller coaster.



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Exposure to Combat



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War Facts

- No one who is involved in war is untouched by it (first and second hand victims).
- Service members pull together during & after a war. This support is very important, especially upon returning home.
- Stress and grief are normal reactions to the abnormal situation of war.
- These reactions will take time to adjust to and to get back to normal.

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Critical Stressors of the Service Member

- Threat to one's life
- Threat of harm to one's troop
- Witnessing destruction of war
- Witnessing others' trauma
- Stress of coming back home to family who have been handling things while the service member was away

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RAP Workbook – Military Version/Professional Version

- RAP is best done by a NCO or other military person.
- Is best done over a period of time.
- RAP is NOT just educational. It is a workbook that assists the service member in developing a plan of action.
- The use of the “buddy system” is a key element.

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RAP Workbook – Community Version/Professional Version

- RAP Workbook can be used in professional settings -- either in the VA system or the community mental health and alcohol and other drug treatment system.
- It becomes an adjunct to other elements of professional care such as PTSD, alcohol and other drug abuse, anxiety and depression and marital counseling.

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Emerging Issues for the Soldiers

- "The 3 A's"
 - Anger
 - Adrenaline
 - anxiety
- Family encouragement
- Lack of motivation
- Guilt and grief

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Toward Soldier Reset: Current Resources

- OHIO CARES
- Vet Centers
- Military One Source
- Troop and family counseling (DoD)
- Family readiness

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Holistic Approach (One Size Does Not Fit All)

- Battle Buddy
- First Line Leader
- Both remedial and proactive
- Engender patience in leader team
- Be careful of mainstreaming
- Be realistic (no panacea)

OHIO CARES I Conference

A Symposium to Enhance Behavioral Health Clinical Skills
to Assist Returning Military Personnel

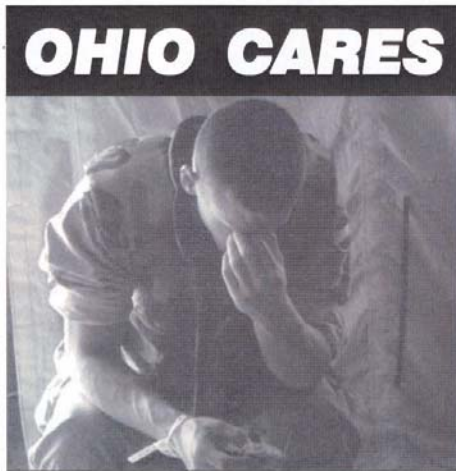
Establishing the Need

Data from NEJM 2004 indicated significant concerns for
OIF/OEF soldiers and their families beyond the raw
numbers previously discussed:

- Significant stigma attached to access of behavioral health services
- Most soldiers are reluctant to seek services
- Need to educate public system on military culture and impact on help-seeking behaviors. Warrior Ethos.
- That services provided by Veterans Administration can not address the many needs of soldiers and their families
- Community-based integrated behavioral healthcare needed to support existing VA and military services

OHIO CARES I Conference

A Symposium to Enhance Behavioral Health Clinical Skills
to Assist Returning Military Personnel



Enhancing Behavioral Health
Clinical Skills to Assist Returning
Military Personnel

June 30, 2005

Quest Business Centers
8405 Pulsar Place
Columbus

Sponsored by the Ohio Department
of Mental Health, Ohio Department
of Alcohol and Drug Addiction
Services, Ohio National Guard, the
Ohio Association of County Behavioral
Health Authorities, the Veterans
Administration, the Readjustment
Counseling Service/Vet Centers and
the Northeastern Ohio Universities
College of Medicine

Promoting the Conference

- Focus of the first OHIO CARES conference – education community behavioral healthcare clinicians on military culture and issues of returning soldiers and their families
- Military and community-based services systems
- Learning the language
(Approximately 170 attendees)

OHIO CARES I Conference

A Symposium to Enhance Behavioral Health Clinical Skills
to Assist Returning Military Personnel

Coordination of Efforts

- Charge to OHIO CARES' leadership – begin process of integration and collaboration with community systems of care. Essentially bring parties together
- OHIO CARES' leadership committee determines that a statewide conference is the most effective way to get the message out and to bring partners together
- Subcommittee creates and develops conference agendas and topics with input from state leadership group and community partners
- Essential that national, state and local perspectives are shared in this statewide conference

OHIO CARES I Conference

A Symposium to Enhance Behavioral Health Clinical Skills
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General Sessions for 1st Conference

- Broad Overview of Issues Facing Returning Military Personnel and Families
- Military War fighter Culture and Its Impact on Seeking Behavioral Health Services
- Military Related Issues from a Soldier's Perspective in the war Zone/Transitioning Back as Mental Health Workers in the Veteran's Healthcare Administration
- Substance Use Among OIF/OEF Military Personnel and Family Members
- Personnel Returning from OIF/OEF

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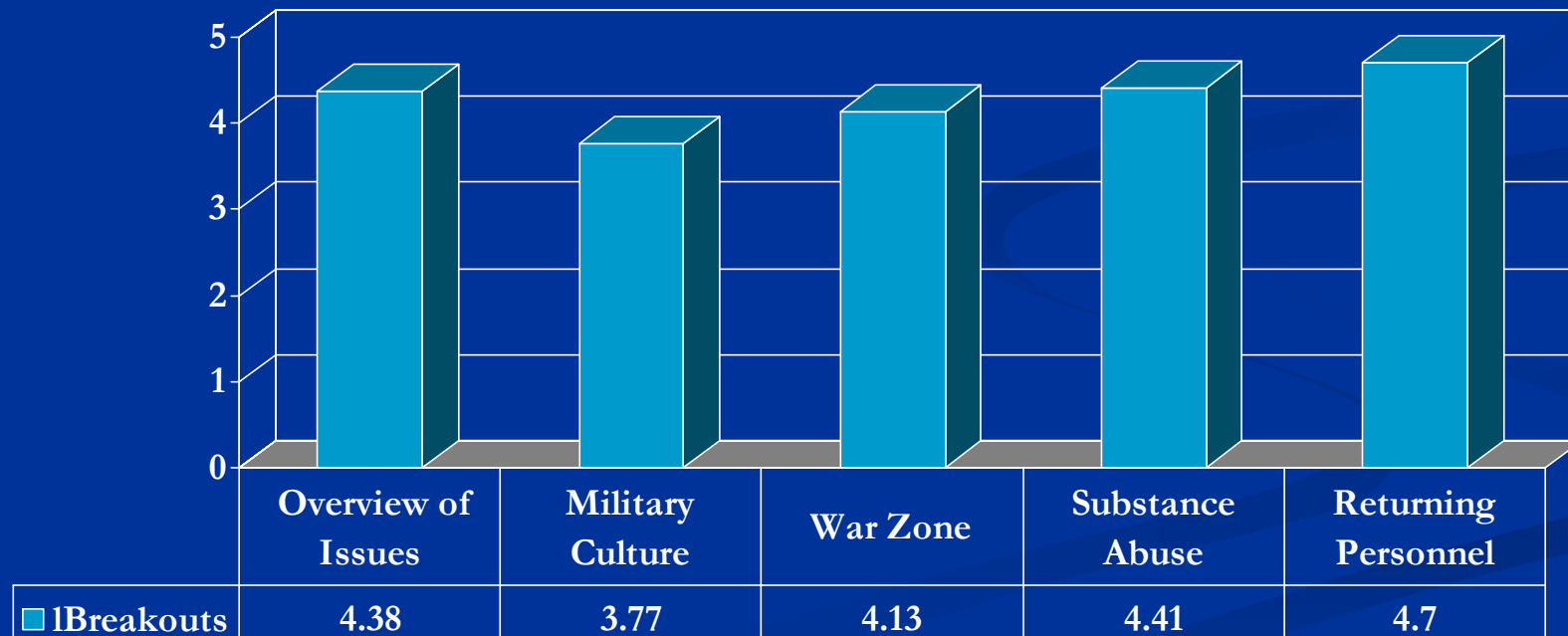
A Symposium to Enhance Behavioral Health Clinical Skills
to Assist Returning Military Personnel



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to Assist Returning Military Personnel

Evaluation



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A Symposium to Enhance Behavioral Health Clinical Skills
to Assist Returning Military Personnel

Attendee Comments from 1st Conference

- Overview of issues and returning military personnel and families were the most highly rated attendees
- “Soldiers’ Perspective” common comment heard was personal stories of soldiers really hit home
- Best presentations were from those who “were there”
- Too many statistics/could have used more statistics
- More from and about spouses and children
- Would have liked more participant interaction
- Community linkages are essential to successful transition
- Understanding Tri-Care and how to access

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More Recently – Reported March 1, 2006 JAMA

- 35% of Iraq war veterans accessed behavioral health services in the year after returning
- 12% per year were diagnosed with a behavioral health problem
- 50% of those referred for a behavioral health reason were documented to receive follow-up care
- Less than 10% of all returning vets who were treated for behavioral health problems were referred through military screening process

OHIO CARES II Conference

A Symposium to Enhance Behavioral Health Clinical Skills
to Assist Returning Military Personnel

Establish the Need

- Successful 1st OHIO CARES conference
- Evaluations suggest need for additional education, specific clinical training, family perspective
- ODADAS demonstrates commitment to effort

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A Symposium to Enhance Behavioral Health Clinical Skills
to Assist Returning Military Personnel

Coordination of Efforts

- ODADAS coordinates, promotes, funds conference
- ODMH provides advisory support, guidance with MH professional continuing education
- VA identifies most speakers
- VA provides copying/CD duplication services
- Ohio Association of County Behavioral Authorities processes conference evaluations
- Ohio Council of Behavioral Healthcare Providers assists in coordination/promotion

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ODADAS

**Ohio's Community-based
Behavioral Health System**
(Alcohol and Other Drugs +
Mental Health)

50 County-level
Combined
ADAMH Board

7 County-level
ADAS/MH
Boards

Local
Provider
Agency

Local
Provider
Agency

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A Symposium to Enhance Behavioral Health Clinical Skills
to Assist Returning Military Personnel

OHIO CARES II:

A Symposium to Enhance Behavioral
Health Clinical Skills to Assist
Returning Military Personnel

Wednesday, Nov. 30, 2005
Embassy Suites Hotel - Dublin

5100 Upper Metro Place
Dublin, Ohio 43017
1-800-EMBASSY
www.embassysuites.com



Please return a copy of this form, with payment, to
the following address by Friday, Nov. 18, 2005:
Ohio Dept. of Alcohol and Drug Addiction Services
280 N. High Street, 12th Floor
Columbus, OH 43215-2550

Make checks and POs payable to:
Treasurer, State of Ohio

Sponsored by the Department of Veterans Affairs,
Northeastern Ohio Universities College of Medicine,
the Ohio Departments of Alcohol and Drug Addiction
Services, Health and Mental Health, the Ohio Association
of County Behavioral Health Authorities, the
Ohio Council of Behavioral Healthcare Providers, the
Ohio National Guard and the Vet Centers.

Promotion

- All attendees/speakers from 1st OHIO CARES conference
- All AoD/MH provider agencies, staff, Boards
- All credentialed AoD/MH professionals
- All partner agencies' newsletter/listserv subscribers
- Call to Action letter
(210 attendees)

OHIO CARES II Conference

A Symposium to Enhance Behavioral Health Clinical Skills
to Assist Returning Military Personnel

Structure & Content (General Sessions)

- Opening Session - **Leadership Perspectives on Military Culture and Dealing with Combat Stress**
Col. Stephen Ulrich, MD, CSM Verna Henderson
- Keynote - **Affirming the Commitment**
Clyde Parkis
- Plenary - **Update from the VA**
Harold Kudler, MD
- Closing Session - **The Way Ahead**
Edgardo Padin-Rivera, PhD, Witzky, Michael

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Structure & Content (Family Panel and Lunch)

- Case Studies on family Impact of War Deployment and Return of Military Service Members: Families Present Their Stories to Professionals”
 - Moderated by Edgardo Padin-Rivera, PhD, VAMC, Cleveland
 - Returning service member and spouse
- Lunch with 40+ Ohio National Guard OIF/OEF service members
 - Returning service members interspersed with conference participants
 - Shared personal stories, made suggestions

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Structure & Content (Breakout Sessions)

- **Psychological Concerns of Seriously Injured Service Members**
Suzanne Ruff, Ph.D., Mary Gary-Stephens, C.N.S.
- **A Cognitive Processing Therapy Approach for Sexual Trauma Victims**
Kathleen Chard, Ph.D.
- **Interventions for Substance Abuse Issues with Returning OIF/OEF Service Members**
Linda Bodie, Psy.D.

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Structure & Content (Breakout Sessions), cont'd.

- **An Approach to Treating Nightmares and Sleep Problems**
Beverly Donovan, Ph.D.
- **Resilience & Resources Program for OIF/OEF Veterans**
Michael Orticari, Edgardo Padin-Rivera, Ph.D.
- **Family/Marital Issues and Interventions for OIF/OEF Veterans**
Margaret Arnott, Ph.D., Claire Haupt, L.I.S.W.
- **Developing a Public Health Model of Care Delivery for OIF/OEF Veterans**
Harold Kudler, M.D., David Roby, M.S.W.

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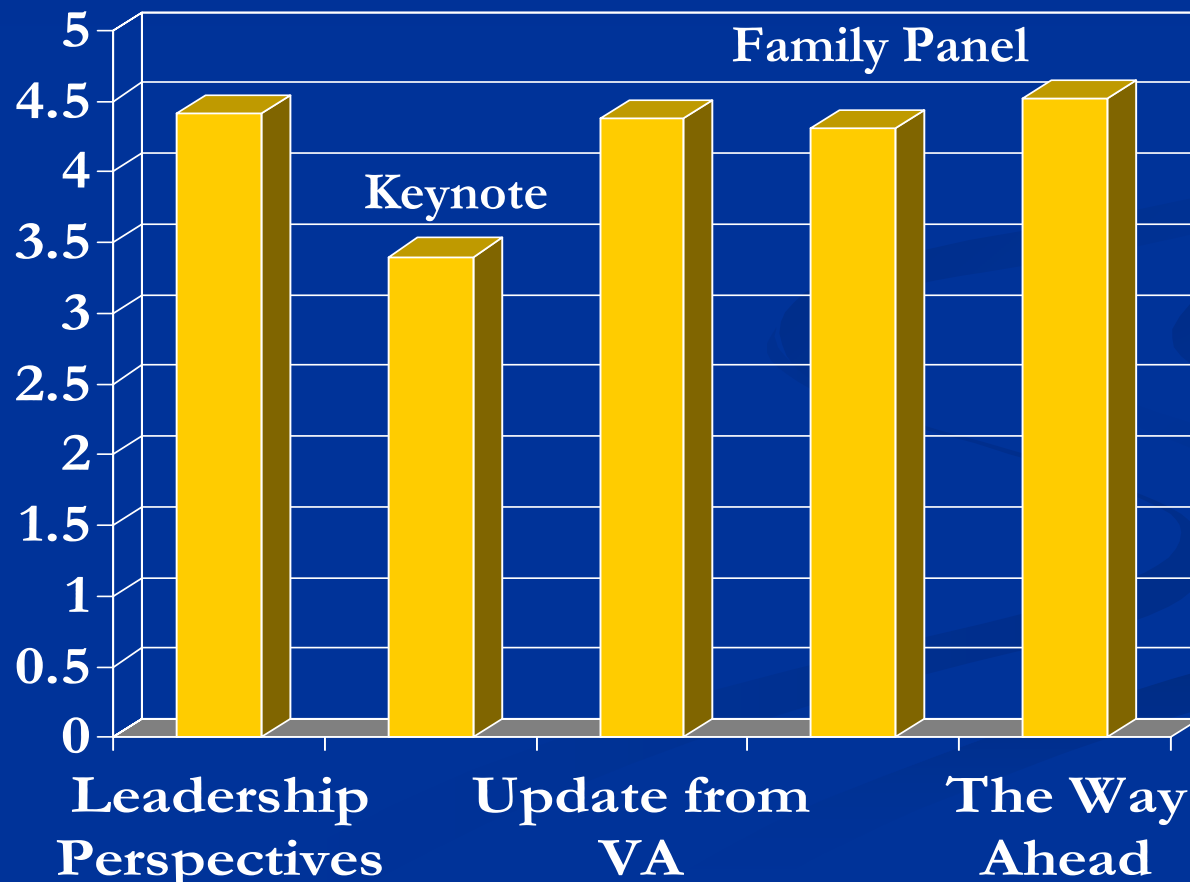


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Evaluation

General Sessions



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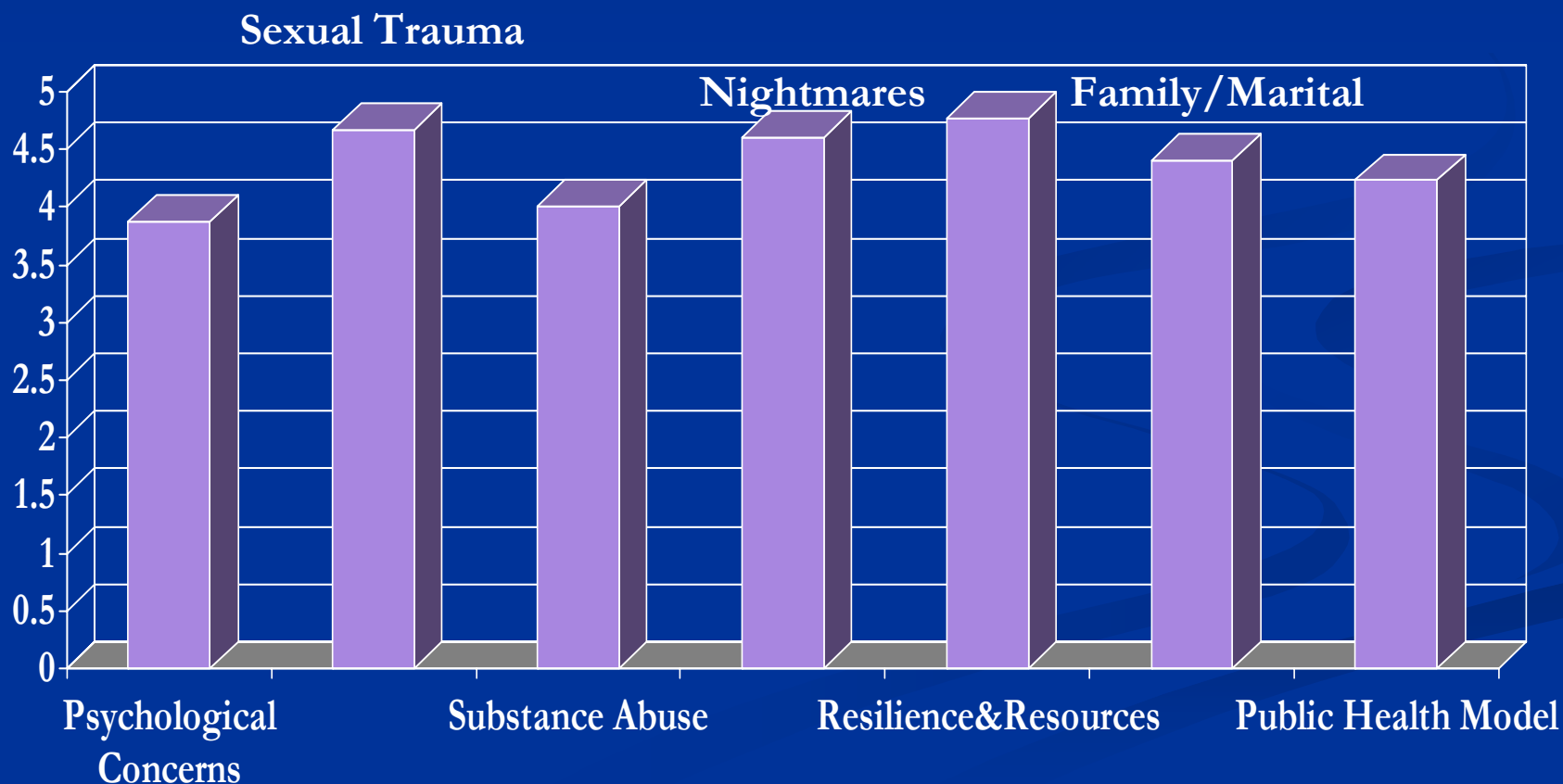
Evaluation (General Sessions), *cont'd.*

- **The Way Ahead** = 4.52 highest, **Affirming the Commitment** = 3.4 lowest
- **Positive Comments** - “Good that presenters were clinicians. Truly enjoyed, thank you. I now have a strong interest in working with veterans. I feel much better equipped. Thought provoking. Much needed conference. Family Panel was great. Lunch with the service members was once of the most useful aspects of this conference. I look forward to OHIO CARES III.”
- **Opportunities for Improvement** - “Service members need to be more involved through the whole day as participants and resources. Service members’ talk should have been a separate break-out, not lunch. Please define military terms prior.”

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Evaluation – Breakout Sessions



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to Assist Returning Military Personnel

Evaluation (Breakout Sessions), *cont'd.*

- Resilience & Resources Program for OIF/OEF Veterans = 4.77 highest
- A Cognitive Processing Therapy Approach for Sexual Trauma Victims = 4.67
2nd highest
- Psychological Concerns of Seriously Injured Service Members = 3.88 lowest
- Positive Comments - “Thanks for the CD containing info on all breakouts. Breakouts were very good. Would have loved to hear more on sexual trauma. Session on nightmares was great”
- Opportunities for Improvement - “Should have had an opportunity to attend more than 2 breakouts. Wished the break-outs could have been longer. Substance abuse session could have been more advanced ”

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The Road Ahead

- Strengthen the Partnership
- Increase access for family members
- Early identification and referral
- Incorporate new Tools and developments
 - Local initiatives
 - Update OHIO CARES
 - Learning from others, e.g., Washington State and these conferences
 - Battlemind Training
 - Post Deployment Health Reassessment (PDHRA)
 - VA Initiatives/Vet Center initiatives
 - Updated information—2006, JAMA Study
 - Improved approaches

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The Road Ahead



American soldiers serving in Iraq and Afghanistan truly reflect our Nation's newest generation of heroes. They have responded to our Nation's call to war with unwavering duty, dedication and sacrifice. Their resiliency combined with support from the military, the VA and communities across America will aid them as they adjust to the trauma of war.